

**BEST AVAILABLE COPY**

<b>MULTIPLE DEPT FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)</b>						CLAIM	SERIAL NO. <i>10/554132</i>	FILING DATE					
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
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TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS													